PHONE NO. : 8636196357

Aug. 11 2005 02:56PM PS



U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1, File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2, Fiscal Year Covered From:

1274/	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name MICHAEL L LAWRENCE	Name CARPENTERS LOCAL UNION 140		
	Labor Organization File Number 007-765		
P.O. Box, Bidg., Room No., If any	P.O. Box, Building and Room Number, if any		
Street 7930 U.S. 301 NORTH, SUITE B	Street 7930 U.S. 301 NORTH, SUITE B		
City TAMPA	City TAMPA		
State Florida ZIP Code + 4 33637-6765	State Florida ZIP Code + 4 33637-6765		
5. Position in labor organization. ALTERNATE			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of			
monetary value from an employer whose employees your organizate	ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Vallstation, of Income.		
Name)			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the Information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complets. (See the section on penalties in the instructions.)			
Signed Michael Jawience	On 8/5/05: (813-985-5555		
	/ Date Telephone Number		

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FROM: CRYSTALMAG-HUMPHREYS, CPA

PHONE NO. : 8636196357

Name of Person Filing MICHAEL LAWRENCE		File Number U•
3. Held an interest in or derived income or economic benefit with monetary violatantial part of which consists of buying from, selling or leasing to, or other if an employer whose employees your labor organization represents or is ac 2) any part of which consists of buying from or selling or leasing directly or integling with your labor organization or with a trust in which your labor organization.	rwise dealing with the busing tively sceking to represent, o adirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State 2'IP Code + 4	9. Business deals with: a. Labor Organi b. Trust c. Employer	izutlon
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	11.a. Nature of such de 11.b. Approximate dollar v 12.a. Nature of interest h	relue of evan dealing.
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon	12.b. Amount. der parts A and B above) ey or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name CARPENTERS LOCAL UNION 140 Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 7930 U.S. 301 NORTH, SUITE B	14.a. Nature of payment. Reimburgement for	or out of pocket expenses incurred q administrative activites.

ZIP Code + 4 33637-6765

or Consultant

14.b. Amount of payment,

State Florida

13.b. is the Business an Employer

\$100

PHONE NO. : 8636196357

Name of Person Filing MICHAEL LAWRENCE File Number U-B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. ZIP Code + 4 State 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.s. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Reimbursement for out of pocket expenses incurred while performing administrative activites. Date of payment: 5/24/2004 Name CARPENTERS LOCAL UNION 140 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 7930 U.S. 301 NORTH, SUITE B City TAMPA ZIP Code + 4 | 33637-6765 State Florida 14.b. Amount of payment. or Consultant 13.b. Is the Business an Employer \$85